

SERFF Tracking Number: MUTM-126511410 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 44961
Company Tracking Number: ASHLEY COPENHAVER
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: Medicare Supplement Advertising - UL5115
Project Name/Number: Medicare Supplement Advertising/UL5115

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: MUTM-126511410 State: Arkansas
Advertising - UL5115

TOI: MS08I Individual Medicare Supplement - SERFF Status: Closed-Filed State Tr Num: 44961
Standard Plans 2010

Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: ASHLEY
COPENHAVER State Status: Filed-Closed

Filing Type: Advertisement Reviewer(s): Stephanie Fowler
Author: Ashley Copenhaver Disposition Date: 03/17/2010
Date Submitted: 02/22/2010 Disposition Status: Filed

Implementation Date Requested: Implementation Date:
State Filing Description:

General Information

Project Name: Medicare Supplement Advertising
Project Number: UL5115
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 03/17/2010

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 03/17/2010
Created By: Ashley Copenhaver
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Ashley Copenhaver
Filing Description:
NAIC #261-69868
FEIN #47-0322111
United of Omaha Life Insurance Company
Medicare Supplement Advertising
UL5115
UL5116

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Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

We request that any information in brackets be considered variable. A Memorandum of Variable Material describing the variable items is attached.

We also request that any wording such as Your Licensed Company Name Required, Agent Name, Agent Address, Agent Phone Number and Agent E-mail in brackets be considered variable.

These ads will be used as a prospecting piece to generate potential sales leads.

Sincerely,

Carly Cole
Product and Advertising Compliance Consultant
Regulatory Affairs
Phone: 402-351-2476
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

ac

Company and Contact

Filing Contact Information

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com
Consultant
Regulatory Affairs 402-351-2476 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

Filing Company Information

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6420 ext. [Phone]	FEIN Number: 47-0322111	

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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$100.00	02/22/2010	34358427

<i>SERFF Tracking Number:</i>	<i>MUTM-126511410</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44961</i>
<i>Company Tracking Number:</i>	<i>ASHLEY COPENHAVER</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
<i>Product Name:</i>	<i>Medicare Supplement Advertising - UL5115</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/UL5115</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	03/17/2010	03/17/2010

<i>SERFF Tracking Number:</i>	<i>MUTM-126511410</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Medicare Supplement Advertising - UL5115</i>		
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Disposition

Disposition Date: 03/17/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Memorandums of Variability	Filed	Yes
Form	Letter	Filed	Yes
Form	Letter	Filed	Yes

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Form Schedule

Lead Form Number: UL5115

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed 03/17/2010	UL5115	Advertising Letter	Initial		0.000	UL5115.pdf
Filed 03/17/2010	UL5116	Advertising Letter	Initial		0.000	UL5116.pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY



The real advantage: a Medicare supplement plan

With all the choices you have for your health care coverage, it's important to understand how each one works, its benefits and your share of the costs. Enclosed is a brochure that briefly explains the differences.

You may discover that a Medicare supplement insurance policy from United of Omaha Life Insurance Company is your best choice.

Keep in mind that you won't answer any health questions and your Medicare supplement policy will be guaranteed issue during your Medicare open enrollment period or if you're losing your group retiree health coverage.

Already have a Medicare Advantage (MA) plan? You may apply for a guarantee-issue Medicare supplement policy if you:

- Joined an MA plan when you first enrolled in Medicare and leave the plan within the first 12 months of joining
- Terminated a Medicare supplement policy to enroll in an MA plan for the first time, then leave the plan within 12 months of enrolling; for example:
March [2010]: choose Medicare and Medicare supplement
April [2011]: cancel Medicare supplement and join an MA plan for the first time
April [2011] – April [2012]: can leave MA plan and have a guarantee-issue Medicare supplement*
- Are enrolled in an MA plan leaving the service area or Medicare program altogether

Be sure you have all the facts. For a no-cost consultation and a Medicare supplement competitive rate quote – Plan [Plan Letter] is as low as [\$rate**] in [state] – please contact me anytime.

Sincerely,

[Agent Name]

[Address]

[City, State, ZIP]

[Phone Number]

* Only pertains if your former Medigap policy isn't available.

**Sample base rates; [sex specific rate disclosure][appropriate state rate disclosure]

This is a solicitation of insurance and an insurance agent will contact you by telephone.

Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. Medicare supplement insurance policy forms UM20, UM21, UM22, UM23, UM24 or state equivalent (in ID, UM20-21698, UM23-21699, UM24-21700; in NC, UM20-21719NC, UM23-21720NC, UM24-21721NC; in OK, UM20-21746, UM23-21747, UM24-21748; in OR, UM20-21610, UM23-21613, UM24-21614) are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. This insurance has exclusions, limitations and reductions. United of Omaha Life Insurance Company is licensed nationwide except in NY.

[Your Licensed Company Name Required]

[Agent Name]

[Agent Address]

[Agent City, State, ZIP]

[Agent Phone Number]

[Agent E-mail]

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Be sure you have all the facts. For a no-cost consultation and a Medicare supplement competitive rate quote – Plan [Plan Letter] is as low as [\$rate**] in [state] – please contact me anytime.

Sincerely,

[Agent Name or Signature]

An Independent Licensed Agent

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UL5116



**UNITED OF OMAHA LIFE
INSURANCE COMPANY**
A MUTUAL of OMAHA COMPANY

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Memorandums of Variability	Filed	Date: 03/17/2010
Comments:		
Attachments:		
UL5115 (MoV).pdf		
UL5116 (MoV).pdf		

VARIABLE MATERIAL FOR ADVERTISING FORM

UL5115

The following information in the aforementioned advertisement is bracketed to denote variable material.

Section	Explanation
Bulleted List	Input applicable years
Last paragraph Plan [Plan Letter] is as low as [\$rate**] in [state]	[Plan Letter]: Choose a plan from the approved plans in the state or ZIP code chosen. [\$Rate**]: Input corresponding rate for the plan and state/ZIP code. Input [State] where both advertising and United of Omaha Medicare supplement product is approved.
[sex specific rate disclosure] <i>directly below the rate chart</i>	If female rates are used, the disclosure will read “Female rates (male rates may be higher).” If male rates are used, the disclosure will read “Male rates (female rates generally lower).” (Neither option will be printed on states that are not gender rated.)
[appropriate state rate disclosure] <i>directly below the rate chart</i>	AR – nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible. CT – Rates are subject to change. AZ, ID, TN, WV – nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change. Lower rates may apply, if eligible. GA, IA, IL, IN, KY, MI, MS, NV, OH, OK, OR, SC, VA – nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible. NC – nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code. Premiums are based on attained age, which means they will increase each year until age 90. Premiums may also change based on your class.

PLEASE NOTE: The variable sections of this form are set-up by the Home Office to assure that correct information and current rates and disclosures are used.

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